Illinois Department of Public Health

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	(X3) DATE SURVEY COMPLETED	
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		IL6009864	B. WING		03/21/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
WESLEY	/ VILLAGE		ST GRANT ST	TREET	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	3, IL 61455		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	DRF COMPLETE
S9999	Final Observations		S9999		
	Statement of Licens	ure Violations:	The state of the s		7
	procedures governin facility. The written p be formulated by a R Committee consisting administrator, the admedical advisory conformed of nursing and other policies shall comply. The written policies sthe facility and shall by this committee, do and dated minutes of	ave written policies and g all services provided by the olicies and procedures shall desident Care Policy g of at least the visory physician or the nmittee, and representatives services in the facility. The with the Act and this Part.			
; ; ; ; ;	Nursing and Persona b) The facility shall preand services to attain bracticable physical, invell-being of the resident's compolan. Adequate and pages and personal care	I Care ovide the necessary care or maintain the highest mental, and psychological dent, in accordance with rehensive resident care roperly supervised nursing re shall be provided to each otal nursing and personal		Attachment A Statement of Licensure Viol	ations
S	Section 300.3240 Abu) An owner, licensee	ise and Neglect , administrator, employee or	nome de ses de la managrapa de la composição de la compos	Afficilient of Program 113	*********
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 04/05/16

STATE FORM XV6211 If continuation sheet 1 of 6 Illinois Department of Public Health

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I	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	E SURVEY
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	agent of a facility sh	all not abuse or neglect a				
	resident. (A, B) (Sec	ction 2-107 of the Act)				
		e or agent who becomes	And the second s			
	aware of abuse or n	eglect of a resident shall	90 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M + 1 M +			
		he matter to the facility	OFFICE AL			
	administrator. (Secti	ion 3-610 of the Act)				
	c) A facility administ	rator who becomes aware of	SE S			
	abuse or neglect of	a resident shall immediately	And the second s			
	report the matter by	telephone and in writing to	III. J.			į
	the resident's repres	sentative. (Section 3-610 of				
	the Act)		77114			70.
	d) A facility administr	rator, employee, or agent who				
	becomes aware of a	buse or neglect of a resident				
		matter to the Department.				
	(Section 3-610 of the					
	e) Employee as perp	petrator of abuse. When an				
	investigation of a rep	port of suspected abuse of a	***************************************			
	that an ampleus of	ased upon credible evidence,	and the second			
		a long-term care facility is the	Antonio Antoni			
	immediately he harr	use, that employee shall ed from any further contact				
	with residents of the	facility, pending the outcome	PPPONOCUMAN			
	of any further investig	gation, prosecution or	Adday			
		painst the employee. (Section	And a fine			
	3-611 of the Act)	direction (Section				
		Manageography				
	These Requirements	are not met as evidenced				
	by:		No describerantes and the second seco			
	Based on record revi	ew and interview, the facility	14 (A)			
	failed to protect a resident (R2) from repeated		The state of the s			
	verbal and physical a	buse by a staff member, and	Assummed			1
	the facility neglected	to immediately remove a	Attanian			
	resident (R2) in order	r to provide protection and	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
i	immediately report th	e incident when physical	MA-All-Oliveranes			
	abuse to R2 was witn	nessed as required by the				
1	facility abuse policy. ⁻	These failures resulted in R2	non-manufacture (
-	peing abused a seco	nd time by the same staff	of State of		A	National Control of Co
	person (E4) for one o	f three abuse allegations	de de como y par			- Landing
1	eviewed, and have the	ne notential to affect all 69				

Illinois Department of Public Health

residents cared for by E4. This failure resulted in

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				** ***********************************			
		IL6009864	B. WING		1	C 21/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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			, IL 61455				
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S9999	Continued From page	ge 2	S9999				
	scream as a result of staff member.	shoulder pain causing R2 to f the physical abuse by a					
	Report dated 3-3-16 "Investigation: 3/3/16 Practical Nurse) reported in that an incinight around 10:00 properties and incident to that (E3) did not feel reported incident to (immediately and inition report by witness: (E(E5) at 10:00 p.m. or whirlpool bath around Certified Nursing Assentered the whirlpool yelling. (R2) was sitting was working on getting bath. (E3) witnessed and forcing (R2's) has heard (E4) say, 'Go at (E3) enter the room and return and the properties and forcing (R2's) witnessed (E4) say, 'Go at (E3) enter the room and return the room (E3) witnessed (E4) says and hurts of the room (E6) interview the room (E6) interview the same with water the same with water the room and the properties of the same with water the room and the properties of the same with water the room and the properties of the same with water the room and the properties of the same with water the room and the properties of the same with water the room and the properties of the same with water the room (E4) to do anything for	Abuse/Neglect Investigation regarding (R2) documents, 3:345 p.m. (E5/Licensed orted to (E6/Social Services dent was reported to (E5) last o.m. by (E3/Certified Nursing essed treatment of a resident was appropriate. (E6) E1/Administrator) ated investigationInitial 3) reported the following to a 3/2/16. (R2) was given a d 8:30 p.m. on 3/2/16 by (E4 sistant). (E3) said (E3) room as (E3) heard (R2) ng on the bath chair and (E4) ng (R2's) clothes off to begin (E4) pulling (R2's) arm up and into (R2's) mouth. (E3) was det I'm having a bad day.' (E3) was det I'm having a bad day.' (E3) was det I'm having a bad day.' (E3) was walking essed (E4) spraying waterResident Interview: 3/3/16 ewed (R2) about the incident (16. (R2) said the following, me when (E4) takes my as blurry cause (E4) was the incident of the control of					

Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

1	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G:		E SURVEY PLETED
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The state of the s	issues last night dur said no. Asked if (E-(E4) said no (E4) has sprayed directly in fa (R2) said (E4) was recommendated (R2) when undressing was not rough with (to take a bath so (R:CNA's (Certified Nur with (R2) at bath time (E4) was terminated facility at 4:10 p.m. 30 on 3-16-16 at 10:00 weeks ago a staff grown arms in the show told (E4) that (E4) has facility at 4:10 p.m. 30 on me. My shoulder (E4) was having a base on me. My shoulder (E4) was having a base on me. My shoulder (E4) physically and verefied that E3 report (Licensed Practical Naround 10:00 p.m., but incident until around next day (3-3-16.) Ehave trained and train (E3) should have repsaw (E4) shove (R2's (E3) should have pull room, initially, and reimmediately. (E4) should have remarks the recommendated re	ring bath given to (R2). (E4) 4) had sprayed (R2) in eyes. 3d washed (R2's) hair but not ace or eyes. Told (E4) that rough and slaps and hurts and (R2) doesn't like (R2) and that (R2) doesn't like (R2) is resistant. (E4) said all rsing Assistants) have trouble e. (E1) informed (E4) that immediately and to leave the (R3/3/16." a.m., R2 stated, "A few of trough with me. (E4) jerked wer and hurt my shoulder. I furt my shoulder, and then anarder. (E4) then sprayed with water and slapped me. (E4) then sprayed with water and slapped me. (E4) informed (E4) then sprayed with water and slapped me. (E4) then sprayed with water and slapped me. (E4) informed (E4) then sprayed with water and slapped me. (E4) in the dealer of the alleged abuse to E5 (Nurse) that same night at (E5) did not report the (E6) did not re	S9999			

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health STATE FORM

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T			
	OF CORRECTION	IDENTIFICATION NUMBER		PLE CONSTRUCTION	(X3) DATE	E SURVEY
		TOEST TO A TOTAL TO MIDER	A. BUILDING):	СОМ	PLETED
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dismandique		IL6009864	B. WING		ł	С
		1			03/	21/2016
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WESEE	VILLAGE		3, IL 61455	7 - Canada 1		
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TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP		COMPLETE DATE
				DEFICIENCY)	HOLINALL	DAIL
S9999	Continued From pa	CO 1	00000			
00000	O o mindou i form par	-	S9999			
	On 3-16-16 at 2:20	p.m., E3 (Certified Nursing	and the same of th	900 m		
	Assistant/CNA) stat	ed, "On 3-2-16 (R2) was	Фотого	***		The state of the s
	getting a whirlpool b	oath. I heard (R2) screaming.	NA-PODDOMENALE			
	so I went into the sh	nower room. I saw (E4/CNA)	didinary			
	taking (R2's) shirt of	ff. (R2) has a bad shoulder				
	and cannot lift (R2's) arm that high, so (R2) was		The state of the s		
	yelling in pain. (E4)	lifted (R2's) arm to (R2's)				
	mouth and was tellir	ng (R2) 'Bite vourself, I am		-		
	not dealing with this	today.' I walked out of the				
shower room and went to help another resident. I then heard (R2) screaming again, so I went back						
	into the shower roon	n. (E4) was spraying (R2) in				
	the eyes with the shi	ower hose. At that time I				
	helped (E4) transfer	(R2) to the chair, and myself				
-	and (E4) took (R2) to	o bed. (R2's) shower was				
j	around 8:00 to 8:30	p.m. that night. I told the				
	nurse (E5/Licensed	Practical Nurse) around 9:20				
100	p.m. to 9:30 p.m. of	this incident with (E4) and	THE STATE OF THE S			
	(R2). The incident c	aught me off quard. I was in	OAVE or wante			
	shock. I know I shou	ld have removed (E4) from	a a a a a a a a a a a a a a a a a a a			
	the situation and rep	orted immediately, but did	YYY		3 3 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	not."		A constant		0.00	
		art management			la managara	
and the state of t		Honous				
777	On 3-17-16 at 9:20 a	ı.m., E7 (Medical	- Table		400	
	Director/R2's Physici	an) stated, "I expect				
	residents most defini	tely to be free of abuse.	WVVVV			
	This incident (3-2-16	incident between R2 and				1
	E4) is definitely consi	idered abuse. (R2) has	maxoo ay gha			
	degenerate joint dise	ase of both shoulders, gout.	Consessor			
	and is diabetic. (R2's	s) range of motion is very	Visionan			
	limited. Telling (R2) t	to bite self and spraying (R2)	WAREHAL LAMI			
	in the face is horrible	. I do not know of any other	1		The state of the s	No.
	definition of abuse be	esides these acts. The CNA			Witnesser	l l
	should not have lifted	(R2's) arm up to (R2's)			ANAda	March Constraints
***	mouth with as much p	pain as (R2) has in the			1	
	shoulders. The CNA	should have been removed				
#	rom the shower roon	n when the other CNA	m to standarda.			
\	vitnessed (R2) in pair	n and (E4) telling (R2) to bite	MANAGE PARTIES			
\$	self." During this sam	ne time, E7 stated, "Well it	manuscand mys			

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Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6009864	B. WING		1	C 21/2016	
To company and the company and	PROVIDER OR SUPPLIER VILLAGE	1200 EAS	DORESS, CITY, ST GRANT ST	STATE, ZIP CODE TREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S9999	(incident 3-2-16) mu (R2) to recall the ev not normally have a The facility's Abuse Policy, dated 12/4/1-facility's policy to not physical, or mental a or neglect of its residuleged violations invor abuse, including i and misappropriation be reported immediatis/her designated reprotect residents from investigation of alleg guidelines. The facili discipline, suspend of who the facility reason	and Neglect Prevention 4, documents, "It is the t tolerate verbal, sexual, abuse, involuntary seclusion dents by any individualAll volving mistreatment, neglect, njuries of unknown source n of resident property are to ately to the Administrator or representativeThe facility will m harm during the ations with the following ty reserves the right to or terminate any employee chably believes has abused, rily secluded any resident or	S9999				

Illinois Department of Public Health STATE FORM

Imposed Plan of Correction NAME OF FACILITY: Wesley Village DATE AND TYPE OF SURVEY: March 21, 2016

IRI Investigation: 3/2/2016/IL84061

300.610a) 300.1210b) 300.3240a) 300.3240b) 300.3240c) 300.3240d)

300.3240e)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident

Section 300.3240 Abuse and Neglect

- a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.
- b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator.
- c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative.
- d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department.

Attachment B Imposed Plan of Correction

e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse or neglect of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.

This will be accomplished by:

- I. Provide education for nursing staff on facility's policy and procedures on Abuse and Neglect, types of abuse, immediate reporting and removal of the perpetrator. Training to include education on signs of burnout or stress in caregivers.
- II. Care plans to be updated on bathing needs/behaviors of residents and reviewed with Certified Nurses Aide's.
- III. Certified Nurses Aide's to be trained to meet the bath/shower needs of the resident.
- IV. Director of Nursing or Designee will conduct random audits to ensure compliance.
- V. Director of Nursing will be responsible for achieving and maintain compliance.
- VI. Facility Administrator to provide oversight for continued compliance.

Date of completion: Ten days from receipt of the Imposed Plan of Correction

May 17, 2016/JP

Attachment B imposed Plan of Correction